				Amendment
Disclosure R	Report Cover	information must be	signed and submitted	along with other detailed forms.
Use this form for g	eneral report and committee	miormation, must be	signed and submitted	unong
	m to update information.	anneste a far plante and the first		
I. Committee Info a. Full Name	)mauon			c. ID Number
The second section of the second			150	
JEGGY D	AEKモ Foル COYNTY nclude City, State and Zip Code)	COMMISSION	<b>GEWEI</b>	d. Date Filed
210000000000000000000000000000000000000			0 C 0041	03/24/2014
d 10 TH2	E DAEKE WAY	APh	25 2014	e. Phone Number
ABERDEE	N, NC 28315	MOC	DEDOF	910-281-4059
	The state of the s		/ Tro	asurer Full Name
2. Report Year 3	, Period Start Date (mm/dd/	yy) 4. Period End D		그 그 그 그 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은
	02/06/204	04/18/2	1014 Jer	ery Dean Daeke
6. Type of Comm	nittee (Check One)			freport from one (category)
Candidate Camp		Municipal	State/County	Corganizational
☐ PAC	Referendum	Organizational	Organizational	Pre-referendum
Independent Exp	enditure  Joint Fundraiser	Thirty-five day	Quarterly First	Final
Legal Expense F	und	Pre-primary	Second	Supplemental Final
		Pre-election	Third	Annual
	(if applicable, check one)	Pre-runoff	Fourth	Special
Booster Fund		Semi-annual	Semi-annual	- special
Building Fund		Mid Year Year End	Mid Year	10. Special Report Name
			Year End	
Other:	Company of the compan	Final Special	Final	
8. Number of Fu	ındraisers this Report	Special	Special	
	CONTRACTOR A REPORT OF SERVE ON CONTRACTOR AS A PROSTREMENT OF SERVER AS A SERVER OF SERVER OF SERVER AS A SERVER OF SERVE		Account Information	
11. Account Info	A CONTRACT OF THE PROPERTY OF THE PARTY OF T	STREET, BUTLE AND COLLEGE AND SHEET AND COMPANY AND COMPANY OF THE PERSON OF THE PERSO	Account Information nancial Institution Full N	
a Financial Institut	ion Full Name	a. Pi	Hanciai montunon run ru	

11. Account Information		11. Account Informa	ation
a. Financial Institution Full Nam	e	a. Financial Institution F	ull Name
BBall			
b. Purpose	c. Account Code	b. Purpose	c, Account Code
9	T		
Operating	d. Period Begin Balance		d. Period Begin Balance
	\$ 6		\$
CERTIFICATION			

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

JERRY D. DAEKE Printed Name of Signer	Signature of Appointed Treasurer		
FOR OFFICE USE ONLY Date Received:	Employee:	Delivery Method ☐ Normal Mail	
Date Postmarked:	Employee:	Registered Mail Hand Delivered	
Date Scanned:  Date Data Entered:	Employee:	☐ Electronically Filed ☐ Signer has not received mandatory training	

Please Note: This form cannot be used to amend committee information such as the assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

CRO-1000

NC State Board of Elections

August 2008

Amendment

Yes Yo

**Detailed Summary** 

Use this form to summarize all disclosure reporting forms and to	total mone	ary information	) Number
1. Committee Full Name (and Fund if applicable) 2.	Type of Ko	eport 5. h	) I ( III III II I I I I I I I I I I I I
Jerry Dacke for County Comm	PT Que	uter Plan	Total this
Start of Election Cycle: January 1, 2011		Total this Reporting Period	Election Cycle
4) Cash on Hand at Start		\$ -0-	\$
RECEIPTS			
	CRO-1205)	\$	\$
6) Contributions from Individuals	CRO-1210)	\$ 1177.99	\$
7) Contributions from Political Party Committees	CRO-1220)	\$	\$
8) Contributions from Other Political Committees	CRO-1230)	\$	\$
9) Loan Proceeds	CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	CRO-1240)	\$	\$
11) Other Receipt Sources			
	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
	(CRO-1250)	\$	\$
	(CRO-1270)	\$	\$
	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,1	1d and 11e)	\$ 1177.99	\$
EXPENDITURES			
13) Disbursements			
	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 1033.85	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17	- 4	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sul			\$
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330	) \$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430	) \$	
22) Debts and Obligations owed by the Committee	(CRO-1610	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620	) \$	
24) Account Transfers Within the Committee	(CRO-1720	9) \$	
25) Administrative Support	(CRO-1710	9) \$	\$
26) Forgiven Loans	(CRO-144	9) \$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220	\$	\$
28) Contributions to be Refunded	(CRO-1215		\$ August 200

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				Amendment	
Pg	1	of	2	☐ Yes	₩ No

the second that the second tha
Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Lies CDO 1215 if In-Kind Contributions were or will be refunded within / days.
Use CRO-1213 if in-Kind Controlled with the Committee Fill Name (and Fund if applicable)
it Committee Brill Name (and bund it applicable)

I. Committee Kull Name (and Gund If applicable)		2	#IDM	tumber
	Donnie.	sioner		
S). (Santabuto: Unioangidon	\dd - ☐ Rem	CHESCOPPED PARCH CALLS C. ACC. ACC.		
	Type of Contribution	ator c	. Comn	nents
(include city, state, & Zip)	Candidate			
Jerry D. Valle Ubir	Party PAC			
270 The Date May	Referendum	F-	l. Elect	ion Sum to Date
Jerry D. Dacke 270 The Dacke Way Oberdoch, N.C. of 315	Other Receipt			74,00 Fair Market Amount
e. Description		f. Date (mm/dd/yyyy		74 bo
Filma FEE		2/10/14		74
J			9	\$
				\$
	Add Re			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contri	butor	c. Con	nments
(menue city, state, & Ap)	Candidate			
	Party PAC			<u></u>
	Referendum		d. Ele	ction Sum to Date
	Other Receip	t Source	\$	
e. Description		f. Date (mm/dd/yy)	yy) g	g. Fair Market Amount
				\$
				\$
				\$
3. Contributor Information.	Add R	CALL LANGE COLUMN TO CALL THE		
a. Full Name, Mailing Address & Phone	b. Type of Contr	ibutor	c. Co	mments
(include city, state, & zip)	Candidate			
1	Party PAC			
	Referendum		d. El	ection Sum to Date
	Other Recei	ipt Source	\$	
e. Description		f. Date (mm/dd/y	ууу)	g. Fair Market Amount
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4: Motal only this Page			\$	74.00
5. Total of AVLL CRO-1510 Pages  (tras the must be on three 17/0/Detailed Sunimary Rage (CRO-1100)			\$	A STATE OF THE STA
24 Children in the Contract of		SELECTION OF THE PROPERTY OF THE PARTY OF TH	3656W	

1033.85

In-Kind Contributions

Pg / of 2

Amendment

D Yes D No

**In-Kind Contributions** Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days. 1. Committee Bull Name (and Fund life applicable) Add Remove 8), Contributor linto anation b. Type of Contributor c. Comments a. Full Name, Mailing Address & Phone Individual (include city, state, & zip) Candidate NANCY RAY FIORILLO Party □ PAC 185 EVENETTE RD d. Election Sum to Date Referendum \$ 319.95 Other Receipt Source PINZHURST, NC 28374 f. Date (mm/dd/yyyy) g. Fair Market Amount e. Description 319.95 4-15-14 MEET & GREET \$ \$ 3. Contributor Unitorination Remove 1999 Proposed Propos c. Comments b. Type of Contributor . Full Name, Mailing Address & Phone Individual (include city, state, & zip) Candidate Party JOHN R. CASHION PAC 11 McMICHAEL DR d. Election Sum to Date Referendum Other Receipt Source PINELLYNRST, NC 28374 g. Fair Market Amount f. Date (mm/dd/yyyy) e. Description 319.95 MEET & GREET ☐ Add ☐ Remove: 3. Contributor Information b. Type of Contributor c. Comments a, Full Name, Mailing Address & Phone (include city, state, & zip) Candidate ROBERT STANCEY HAYTER Party ☐ PAC PO BOX 1503 d. Election Sum to Date Referendum SOUTHERN PINES, NC 28387 Other Receipt Source 319.95 g. Fair Market Amount f. Date (mm/dd/yyyy) e. Description 319.95 4-15-14 MEET & GREET

4. Total only this Page \$ 9.59.85

5. Total of AUL/CRO-1510/Pages \$ 10.33.85

((Units the must toe on line 10/of Detailed Summary Page (GRO-2000))

CRO-1510 NC State Board of Elections

December 2007

effect foury from any Amendment Z/No **Contributions from Individuals** Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used IL (Committee Nall Name (and Land Majord Kepp leable) erry Dacke for Courty Commissioner s) (Contidortor អាវិកាកាមរិយា d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone lepproceser (include city, state, & zip) gerry D. Dacker Losey 270 She Dacker Losey Reberdier, PR 28315 c. Employer's Name/Specific Field The Holla Office c. Election Sum to Date 980-690-7531 f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description i. Date (mm/dd/yyyy) 2-10-2014 Cheek FILING FEE Atail Remove si (2om គៅចំពេញ iman គោមលោក d. Comments b. Job Title/Profession : Full Name, Mailing Address & Phone Girmy Melton Campaight Commettees 2/4/ Robaland RD. Delinders P.C 283/5 OWNER c. Employer's Name/Specific Field SANDHILLS CYCLE CENTO e. Election Sum to Date MOTORCYCLE SACES k. Amount i. Date (mm/dd/yyyy) h. Form of Payment i. In-Kind Description Prior 3-5-2014 I \$ Add Remove និះ Contributor-Inflormation d. Comments b. Job Title/Profession . Full Name, Mailing Address & Phone ENGINEER (include city, state, & zip) Blam P. Kiker Dr. E. 225 Rate View Dr. E. c. Employer's Name/Specific Field LKC ENGINEERING

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NC State Board of Elections

CRO-1210

April 2007

MARK COURT POULS COPY

## **Contributions from Individuals**

				Amendment	
Pg	2	of	<u>2</u>	☐ Yes	No No
				2051	1

Use this fo	orm to report ind	ividual contributions	over \$50 or con	tributions under	\$50 if form CRO	O 1205 is not used
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nan	ger Roll.	Frotillo	<u> </u>	c. Employer's Name		
195	5 Stevet	terd		Boverna		e. Election Sum to Date
Dir	Surol, No	1 78711		Transe		\$ 319.95
f, Prior g			i. In-Kind Descript	ion .	j. Date (mm/dd/yyy	<u> </u>
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a. Full Nai	me, Mailing Addres city, state, & zip)			b. Job Title/Profes		d. Comments
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$\sim$		hael De	•		L OIL UFACTURER	e. Election Sum to Date
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(includ	ame, Mailing Addre le city, state, & zip)			b. Job Title/Prote		<u> </u>
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f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Descr		j. Date (mm/dd/y	
	T		Messo	1) Dreat	4-15-1	\$ 319.95
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						\$
4. To	 tal/only/this/l	Page * 1				\$ 959.85
5. To	miof AlleC	RO-1210 Pages	Page (GRO2) 100			\$ 1,177,99
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